



LOYOLA RECOVERY FOUNDATION, INC.

**Health System Innovation: A Proven Model
Supporting Recovery for American
Veterans**

NORC Webinar



The screenshot displays the GoToWebinar interface. At the top, there is a menu bar with 'File', 'View', and 'Help'. Below the menu bar, there are several icons: a microphone, a speaker, and a question mark. The main content area is divided into two panels. The top panel is titled 'Audio' and contains two radio buttons: 'Telephone' (unselected) and 'Mic & Speakers' (selected). Below the radio buttons, there is a 'MUTED' indicator and a volume slider. The bottom panel is titled 'Questions' and contains a text input field with the placeholder text '[Enter a question for staff]' and a 'Send' button. The bottom of the interface shows the webinar title 'Webinar Housekeeping' and the ID 'Webinar ID: 275-918-366', along with the 'GoToWebinar' logo.

Join audio:

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- Choose “Telephone” and dial using the information provided

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Today’s webinar is being recorded and will be available within 48 hours.



National Screening, Brief Intervention and Referral to Treatment ATTC



National Screening, Brief Intervention & Referral to Treatment

ATTC

Addiction Technology Transfer Center Network
Funded by Substance Abuse and Mental Health Services Administration



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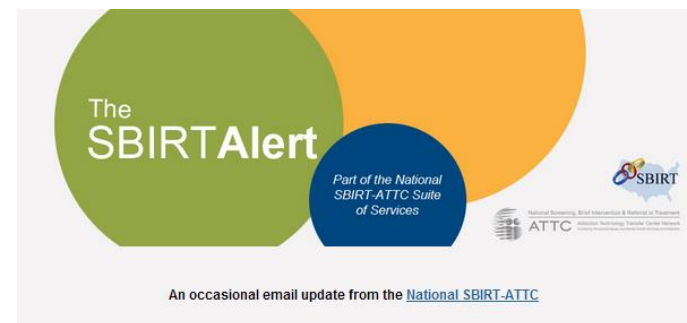
National Screening, Brief Intervention & Referral to Treatment

ATTC

Addiction Technology Transfer Center Network

Funded by Substance Abuse and Mental Health Services Administration

- Funded by the Substance Abuse and Mental Health Services Administration (SAMHSA) and a partner with NORC on BIG Initiatives – hospital initiative and EAP initiative
- U.S. Preventive Services Task Force (USPSTF) - Publish Final Recommendations: Screening and Behavioral Counseling Interventions in Primary Care to Reduce Alcohol Misuse - <http://www.uspreventiveservicestaskforce.org/uspstf/uspdrin.htm>
- Connect with us:
 - Website: www.attcnetwork.org/sbirt
 - Signup: SBIRT Alert – email update <http://ireta.org/ENewsletter-subscribe>
 - Email us: sbirt@attcnetwork.org





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AGENDA

- > Brief Review of Loyola Model
- > Key Current Business Components
- > State and Federal VA and Non-VA Healthcare Environment
- > mPOWER—Protecting Veterans at Risk



Loyola Model Review

- > Provide an “Aspirin” for VA Healthcare “Headaches” for Veterans with Complex Care, Addiction, Housing, Employment and Behavioral Health Needs.
- > Loyola Rubric: Better Care as Evidenced by Clinical Outcomes and Patient Satisfaction; Lower Price; Expanded Service; Proof of Concept that Evidence Based Medicine, Innovation and Integration are possible.



Loyola Model Review Continued

- > Maintain Rubric in Accordance with a Recovery Vision Veterans Support:

Recovery = Health, Job, Home, Relationships (“A Life in the Community For Everyone”—Charles Curie)

- > Care Questions Normalized to the Voice of the Veteran with Veteran Governance.
- > Services Build “Mutual Reinforcement” by providing Veteran Employment.

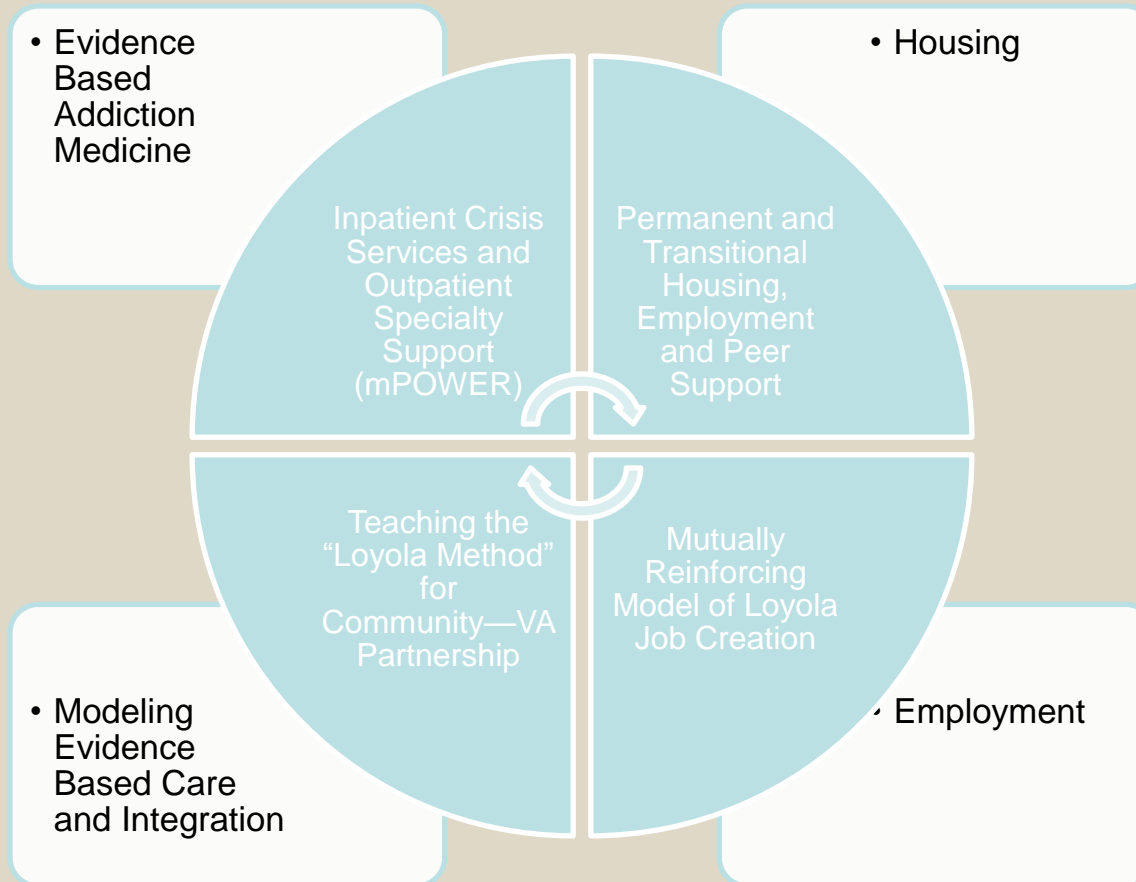


Loyola Model Service Components

- > 50 Crisis Detoxification Beds (Bath, Albany VAMC's 25 Each).
- > Eaglestar Housing 15 Transitional Beds in East Pembroke, 15 in Spencerport and SPARC.
- > mPOWER Outpatient Model for At Risk Veterans.
- > "VITAL" Intervention Project with Rochester General Hospital.
- > "V2B" Employment Initiative (Career Start)
- > Operation Economic Freedom Call Center



Loyola Service Matrix





VA and Non-VA Healthcare Environment

- > Affordable Care Act seeks to “bend the cost curve” through effective management of high risk/high need patients.
- > September, 2012 Presidential Executive Order directs VA to Contract with Community Healthcare Providers for Service needs not met by VA.
- > IOM Report (September 2012) indicating high opioid/alcohol prevalence among veterans and low infrastructure



VA and Non-VA Healthcare Environment

- > Integrated Specialty Care Components based on evidence based models with “Pay for Performance” approaches Sought by Healthcare entities (“build or buy”) to capture savings or enhanced Medicaid.
- > Adoption of “Meaningful Use” EHR’s, Predictive Analytics and Mobile Technologies Essential (Loyola has all three).
- > Track Record, Accreditation, Quality Assurance.



mPOWER

- > In 2010, Loyola identified 43 Veterans with 3 or more Detoxification Hospitalizations in 18 months or less.
- > Similar profiles of chronic alcohol dependence, trauma, mental health condition and physical illness
- > Every detox episode offered the “same thing” for a recovery support strategy
- > Health kept deteriorating and Risk Factors were rising



mPOWER

- > Loyola designed a “bundled” evidence based care and integration strategy combining cutting edge technology in, smartphone recovery support (ACHESS), pharmacological recovery support (Vivitrol), trauma support (Najavits, et.al.) and peer support (White, et.al.).
- > Strategy defined as “mPOWER” Program (Mobile Patient Opportunities for Wellness, Empowerment and Recovery)



mPOWER

- > SAMHSA funded project for 3 years (2011-2014)
- > Service Partners: University of Wisconsin ACHES Project, Westat (Evaluation) and myStrength (online mental health support)
- > Key metric for the program is to reduce inpatient hospitalization rate to 1 or less every 18 months.
- > Data Collected: GPRA, SF-36, PHQ-6, Brief Alcoholism Monitor—BAM (weekly analytic)



mPOWER

- > Project integration strategy is that mPOWER medical providers are credentialed by VA Health System and project works as “collaborative care” model with VA Mental Health and PACT primary care teams.
- > All services delivered at Bath VAMC and supported by Loyola Transportation Network
- > Loyola staff paid for by grant. Medication prescribed out of and procured by VA pharmacy and labs paid for by VA.



mPOWER

- > Loyola staff enters notes in VA CPRS system capturing encounters for VA utilization data and Vivitrol ordered out of VA pharmacy
- > Loyola staff attends Behavioral Health and Primary Care team meetings.
- > Patients weekly survey mapping risk and protective factors are done on the smartphone (BAM) and staff responds to high risk situations
- > Smartphone ACHES application utilization tracked by UW.



mPOWER

Key Results

- > 44 Active Patients for 11 months (110% of 1st Projected Enrollment)
- > Pre-Enrollment Total Hospitalizations in Patient Cadre = 110
- > Post-Enrollment Total Hospitalizations in Patient Cadre = 23
- > Reduction of 87 Hospitalizations.



mPOWER

- > Emerging data on Health Status Improvement, Treatment Compliance and change in Depression symptoms available in July, 2013
- > Program Admission Demand, driven by veteran patient “word of mouth” is double current capacity
- > VAMC’s recognizing need for more infrastructure seeking model development.
- > Rest of Care Continuum must be developed.



VITAL Project with Rochester General Hospital

- > Veterans Intervention, Treatment and Long-Term Recovery Project.
- > 47% of OEF/OIF Veterans do not use VA.
- > Screens Veterans in RGH Emergency Department and engages them with VA care. with volunteer veterans. Aiming for 200 referrals in 2013.
- > Utilizes evidence based screening, brief intervention and referral to service methodology in collaborative care model with RGH.



Any Questions?





Thank you

- > You will receive an email with a link to a brief survey about the webinar
- > Recording will be available at:

http://www.thenationalcouncil.org/cs/recordings_presentations